WI-CARH'S 2019 Annual Meeting & Conference Sponsor/Exhibitor Registration Form

☐Yes, I would like to be a <u>SPONSOR</u>		Total Sponsor/Exhibitor Fees:	
Please check your level of spor Breakfast \$750.00 Morning Break \$750.00 Lunch \$750.00	Social Hour \$750.00 Gold \$500.00	Sponsor: Exhibitor: Additional Attended Electricity: Total Enclosed:	\$ \$ e: \$ \$
☐ Afternoon Break \$750.00 ☐ Silver \$300.00 Exhibit table needed for your sponsorship? ☐ Yes ☐ No ☐Yes, I would like to be an EXHIBITOR for \$250 (*WI-CARH Associate Members receive 50% off) ☐ Yes, I would like ONE additional attendee to staff our exhibit for \$50 (complimentary for Breakfast, Break, Lunch, Social hour or Educational) ☐ Yes, I will need electricity at our exhibit table. I understand there is an additional cost of \$50.		Please make check payable to WI-CARH and mail to: WI-CARH P.O. Box 258098 Madison, WI 53725 Please submit by October 7, 2019 Cancellation Policy No monies will be refunded after October 7, 2019. All cancellations must be in writing.	
Name of 1 complimentary attendee/title: (Please list name & title as it should appear on name badge) Vegetarian Meal?			
Organization:(Plea		State:	Zip:
Contact Person: Telephone:			